

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **“Frequently FOIAed Files”** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to “directly download” all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **“My Environment”** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/17/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER
INSTALLATION NAME
INSTALLATION ADDRESS

MAILING ADDRESS

NYD982744815
WASTE MANAGEMENT OF NEW YORK LLC
123 VARICK AVE
BROOKLYN, NY 11237

123 VARICK AVE
BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: WASTE MANAGEMENT OF NEW YORK LLC
or Current Occupant
ATTN: JAY KAPLAN
123 VARICK AVE
BROOKLYN, NY, 11237

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

2008 NOV 12 PM 1:39

UPS EXN
Change (name)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification ☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

NY 0982744815

II. Name of Installation (Include company and specific site name)

WASTE MANAGEMENT OF NEW YORK LLC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

123 VARICK AVENUE

Street (Continued)

City or Town

BROOKLYN

State

Zip Code

NY

11237-

County Code

County Name

KINGS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY

11237-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

KAPLAN

(First)

JAY

Job Title

ENV COMPLIANCE MGR

Phone Number (Area Code and Number)

718-5331-5310

Extension

VI. Installation Contact Address (See instructions)

A. Contact Address Location ☒ Mailing ☒

E. Street or P.O. Box

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY

11237-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

WASTE MANAGEMENT OF NEW YORK LLC

Street, P.O. Box, or Route Number

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY

11237-

Phone Number (Area Code and Number)

718-5331-5310

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☐

No ☒

Date Changed

Month

Day

Year

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Fl., New York, NY 10007-1866 Phone: (212) 261-1106

Joe Kaplan (718) 386-7900

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. ☒ Generator (See instructions)
a. Greater than 1000kg/mo (2,200 lbs.)
b. 100 to 1000 kg/mo (200-2,200 lbs.)
c. Less than 100 kg/mo (220 lbs.)
2. ☐ Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes
Mode of Transportation
☐ 1. Air
☒ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
3. ☐ Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. ☐ Hazardous Waste Fuel
a. Generator Marketing to Burner
b. Other Marketers
c. Boiler and/or Industrial Furnace
1. ☐ Smelter Refractor
2. ☐ Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. ☐ Underground Injection Control

1. ☐ Used Oil Fuel Marketer
a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
b. Marketer Who First Claims the Used Oil Meets the Specifications
2. ☐ Used Oil Burner - Indicate Type(s) of Combustion Device(s)
a. Utility Boiler
b. Industrial Boiler
c. Industrial Furnace
3. ☐ Used Oil Transporter - Indicate Type(s) of Activity(ies)
a. Transporter
b. Transfer Facility
4. ☐ Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
a. Process
b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s) D005)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature Jay Kaplan Name and Official Title (Type or print) Jay Kaplan, Environmental Compliance Mgr Date Signed 11/10/03

XI. Comments

① Name change only (Section II)
② One time cleanout of a paint storage room and former QA/QC Lab.
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Remember to send your original signed documents



ENVIRONMENTAL PROTECTION
AGENCY REGION II

2002 MAY 21 AM 11:07

RCRA PROGRAMS
BRANCH

WASTE MANAGEMENT

123 Varick Ave.
Brooklyn, NY 11237
(718) 533-5310
(718) 533-5170 Fax

May 16, 2002

Jack Hoyt
USEPA-DEPP-RPB
290 Broadway, 22nd Floor
New York, NY 10007-1866

Re: Request to deactivate USEPA Transporter ID Number NYD982744815

Dear Mr. Hoyt:

As per our telephone conversation earlier today the purpose of this letter is to formally request that the above referenced transporter ID number be deactivated. The former name of this facility is Star Recycling located at 123 Varick Avenue, Brooklyn, New York 11237.

The facility is currently owned and operated by Waste Management of New York, LLC. However activities requiring a transporter ID no longer take place at this facility.

Thank you in advance for your assistance with this matter. Please contact me at (718) 533-5310 if you require any additional information.

Very truly yours,

Waste Management of New York, LLC

Jay Kaplan
Environmental Compliance Manager

cc: R. Grady



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/24/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYD982744815
INSTALLATION NAME	→	WASTE MANAGEMENT OF NEW YORK LLC
INSTALLATION ADDRESS	→	123 VARICK AVE BROOKLYN, NY 11237
MAILING ADDRESS	→	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel: (212) 637-4106
Fax: (212) 637-3056

TO: WASTE MANAGEMENT OF NEW YORK LLC
or Current Occupant
ATTN: JAY KAPLAN
123 VARICK AVE
BROOKLYN, NY, 11237



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/30/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> STAR RECYCLING - WASTE MGMT

MAILING ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

INSTALLATION ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: VALENTI, ANTHONY
EQUIP MGR
STAR RECYCLING - WASTE MGMT
123 VARICK AVE
BROOKLYN, NY 11237



RECEIVED
MAY 13 1992
718/429-0657

Jack Hoyt
USEPA Region II
Air & Waste Management
290 Broadway-22nd Floor
New York, New York 10007-1866

Dear Mr. Hoyt:

Enclosed please find applications for EPA ID Numbers. Would you please rush these applications as these accounts need to have waste picked up immediately. Please call me at (718)429-0657, when you do receive the EPA ID numbers. That would be greatly appreciated.
Thank you.

Sincerely,

Kim Sartory
Lead Secretary

Safety-Kleen Corp.
58-05 52nd Ave
Woodside, NY 11377

enclosure

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D006 D018 D027 D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D039	2 D040	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1.	2	3	4	5	6
----	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

George City

Name and Official Title (Type or print)

M. CAR

Date Signed

3-9-98

Xi. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/09/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> W M OF NY INC DBA WASTE MGMT OF NY

MAILING ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

INSTALLATION ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: CUCINOTTA, ANTHONY
DIRECTOR COMPL
W M OF NY INC DBA WASTE MGMT OF NY
123 VARICK AVE
BROOKLYN, NY 11237

Please print or type with ELITE.

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NY01D98377448155

II. Name of Installation (Include company and specific site name)

WM OF NEW YORK INC INDUSTRIAL WASTE MANAGEMENT

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

OF NEW YORK

123 VARICK AVENUE

Street (Continued)

City or Town

State

Zip Code

BROOKLYN

NY

11237

COUNTY CODE

County Name

047 KINGS

IV. Installation Mailing Address

Street or P.O. Box

- SAME

123 VARICK AVENUE

City or Town

State

Zip Code

BROOKLYN

NY

11237

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

CUCINOTTA

ANTHONY

226-

Job Title

Phone Number (Area Code and Number)

DIRECTOR COMPLIANCE

718-3867900

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box



City or Town

State

Zip Code

BROOKLYN

NY

11237

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

SEE NOTE

WM OF NEW YORK INC

Street, P.O. Box, or Route Number

123 VARICK AVENUE

City or Town

State

Zip Code

BROOKLYN

NY

11237

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

7183867900

P

P

Yes

✓

No

✓

Month

Day

Year

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

PROPERTY LEASED THRU THE NYC INDUSTRIAL DEVELOPMENT AGENCY
AUTOMATICALLY OWNED BY COMPANY

They brought all the out for Anthony 12/14/66 1:00 PM

FED

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete!



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/09/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD982744815
FACILITY NAME ->	ALLIED SANITATION INC
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: TWIBELL, FRANK
DISPATCHER
ALLIED SANITATION INC
123 VARICK AVE
BROOKLYN, NY 11237



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible][illegible]

Street or P.O. Box

[illegible]

Street or Route Number

[illegible]

Name and Title (last, first, and job title)

2	R	O	B	E	R	T		L	O	M	A	N	G	I	N	O	Foreman	7	1	8	7	7	9	4	6	5	0
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---------	---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

- ☒ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☒ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) [unclear]	Date Signed 8/4/89
---------------	--	-----------------------

BRANCH
 PLANTS
 89 AUG -8 AM 11:40
 NEW YORK, NY
 AGENCY REGION II

For filing notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

U.S. EPA

Date Received
(For Official Use Only)

U.S. EPA
AGENCY

RO 1

94 DEC 20

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NY D 9 8 2 7 4 4 8 1 5

II. Name of Installation (Include company and specific site name)

ALLIED SANITATION INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

123 VARICK AVENUE

Street (Continued)

City or Town

BROOKLYN

State

Zip Code

NY 11237-

County Code

County Name

BROOKLYN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

TWIBELL

FRANK

Job Title

Phone Number (Area Code and Number)

DISPATCHER

718-386-7900

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box



City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ALLIED SANITATION INC.

Street, P.O. Box, or Route Number

123 VARICK AVE

City or Town

BROOKLYN

State

Zip Code

NY 11237-

Phone Number (Area Code and Number)

718-386-7900

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)

Month Day Year

P

P

Yes

No

Month

Day

Year

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input checked="" type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Marketer <input checked="" type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an ID number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Frank Twibell

Name and Official Title (Type or print)

FRANK TWIBELL

Date Signed

12/28/94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

08/22/89

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD982744815
FACILITY NAME ->	ALLIED SANITATION CORP
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ROBERT LOMANGINO
ALLIED SANITATION CORP
123 VARICK AVE
BROOKLYN, NY 11237